THE CITY OF ALTON ECONOMIC DEVELOPMENT CORPORATION CORONAVIRUS RELIEF FUND (CRF) GRANTS AND ASSISTANCE PROGRAM (GAP)

THE ALTON EMERGENCY FUNDS PROGRAM FOR SMALL BUSINESS THAT HAVE BEEN AFFECTED BY THE CURRENT COVID-19 PROVIDES CAPITAL UP TO \$5,000 TO QUALIFIED BUSINESSES IN ALTON TO CONTINUE AND/OR MODIFY BUSINESS PRACTICES.

Getting Started:

- Businesses must submit a CRF GAP application found on the City Web Site or call or E-Mail Jason Martinez at 956-432-0730 or covid.relief@alton-tx.gov.
- Grants will be up to \$5,000 and will be approved based on such factors as need, location, how affected by the COVID-19, planning, eligibility and the availability of funds.
- Funds can be used for expenditures which include payroll cost, rent, utilities, and modification
 to the facility for COVID-19 compliance, inventory and other expenses due to the COVID-19 shut
 down and reopening.

Eligibility:

In order to qualify for the CRF GAP funding a business applicant must:

- Be located within the City of Alton city limits.
- Show a loss of revenue greater than 20% during the crisis period versus the past 6 month average.
- Provide evidence of an extreme hardship.
- Have fewer than 15 full time employees in Alton
- Commit to staying in Alton if funds are awarded.
- Large Corporations and Franchises are not eligible.

Filing Requirements:

- Completed CRF GAP application.
- Complete copies, including schedules, of the most recent Federal Income Tax returns for the applicant business.
- Personal Financial Statement completed, signed and dated by the applicant, each principal owning 20% or more of the applicant business, and each general partner or managing member of the business.
- Schedule of Liabilities listing all fixed debts.
- Profit and Loss Statement showing financial loss of 20% or more during the crisis period
- A narrative of the economic need and proposed use of the funds.

Documents:

- Most current Federal Income Tax returns
- Personal Financial Statement.
- Schedule of Liabilities.
- Profit and Loss Statement showing financial loss.
- Other documents deemed necessary by the CADC Board of Directors.

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"Where Growth and Opportunity meet"

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Application Information: First Name: Last Name: Street Address: _____ City: _____ State: ____ Zip Code:_____ Phone: E-Mail: _____ **Business Information:** Legal Name of Business: Federal E.I.N: Business Phone:_____ Business Type: Sole Proprietorship Partnership Corporation Limited Partnership Limited Liability Entity Nonprofit Organization Trust Other **Business Address:** Street Address:_____ City:_____ State:____ Zip Code:_____ Business must be located within the City of Alton city limits. Business Property is (circle one): Owned Leased Business Activity:_____ Number of Employees Pre- Disaster:_____ Date Business was established:

As a participant, I do herby give permission to obtain and release personal information regarding my application to the City of Alton to further assist my household in accessing funding for reporting purposes.

- The information is true and correct to the best of my knowledge and belief.
- I understand that the City of Alton will never use the information provided here except as needed to process this application.
- I am aware that I am subject to federal prosecution for providing false or fraudulent information.

My signature indicates I have read the release of information, application instructions and agree to abide by the terms stated.

Applicant (print name):	Date:
Applicant (signature):	